UMN-TC EQUIPMENT DATA FORM for RPZ
Data entry completed __________
Data entry by ________________

Asset Number __________________________ (To be provided by U of M Planner)

Above section for UMN-TC use only

All fields below this line to be completed by knowledgeable equipment supplier, contractor, architect, engineer or FM Maintenance staff and returned to the designated University of MN Project Manager or FM Planner

Type: _____ RPZ _____ Vacuum Breaker RPZ

Architecture Eqt No: __________________________ (from construction drawings)

Manufacturer: Mfr Name ________________________________

Model No. ____________________________ Serial No. _______________________

Location: Building ______________________

Floor ______________ Room # ______________

Equipment Serves (Identify building area(s) i.e. floors or rooms, and interlocked equipment)

______________________________________________________________________________

______________________________________________________________________________

Warranty Information:
Vendor __________________________

Warranty Start Date ________________ Warranty Expiration Date ________________

Vendor Contact:
Name ____________________________ Phone __________________________

EQUIPMENT SPECIFICATIONS

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
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<tbody>
<tr>
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<td>UNIT SIZE</td>
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Form Completed by:
Name ____________________________ Phone __________________________

Company ____________________________ Date __________________________